**Palliative Care claiming:**

**Halton:**

* Claim form to be sent to: halton.talk2us@cheshireandmerseyside.nhs.uk
* Emails should be highlighted – “For the attention of Halton Medicines Management Team” in the Subject line.

\*\*Please note if submissions have been made on old or out of date paperwork this may have delayed processing with the NHSBSA.\*\*

|  |
| --- |
|  **Annual declaration from** **Provision of On Demand Palliative Care Medicines by Community Pharmacists under the NHS Cheshire and Merseyside ICB Halton Place agreement.**  |
| **Date**  | **Description**  | **Pharmacist (print)**  | **Claim (£)**  |
|   | **Annual retention fee £1000**  |   |   |
|   |  **Please provide**  * **Declaration that you have an SOP relevant to this service**
* **Number of significant events in the last 12 months**
* **Copy of CPPE e-assessment**
 |   |
|   | **Service provider stamp**  |   | **I confirm that I have complied with the quality indicators required for the service during the previous 12 months and  the above claim is legitimate and in accordance with the service level agreement.**  |   | **For office use only**  |   |
|   |   |   |   |   | Budget code  |   |   |
|   |   |   | **(Pharmacists signature on behalf of the service provider)**  |   | Authorised by  |   |   |
|   |   |   |   |   | Date paid  |   |   |
|   |   |   | **(Date)**  |   |   |   |
|   |   |   |   |   |   |
|   |   |   | **(PPA service provider contractor code)**  |   |   |   |
| **Return to: Halton Medicines Management Team, NHS Cheshire and Merseyside, Halton Place, No. 1 Lakeside, Centre Park, Warrington, WA1 1QY. Email:** halton.talk2us@cheshireandmerseyside.nhs.uk  |

Expired stock:

Both forms to be completed below and sent to: halton.talk2us@cheshireandmerseyside.nhs.uk

|  |
| --- |
| **Audit form for the provision of On Demand Palliative Care Medicines by Community Pharmacists under the NHS Cheshire and Merseyside ICB Halton Place agreement.**  |
| **Date**  | **Expired stock (please list)**  | **Pharmacist (print)**  | **Claim (£)**  |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|    |   |   |   |
|   |   | **Total Due**  | £  |
|   |   |   |   |   |
| **Service provider stamp**   |   | **I confirm that all the above claims are legitimate and are in accordance with the service level agreement.**  |   | **For office use only**  |
|   |   |   |   |   |   |
|   |   | (**Pharmacists signature on behalf of the service provider**)  |   |   |   |
|   |   |   |   |   |
|   |   | (**Date**)  |   |   |
|   |   |   |   |   |
|   |   | (**PPA service provider contractor code**)  |   |   |
|   |   |   |   |   |
|   |   |   |   |   |

**Return to: Halton Medicines Management Team, NHS Cheshire and Merseyside, Halton Place, No. 1 Lakeside, Centre Park, Warrington, WA1 1QY. Email:** halton.talk2us@cheshireandmerseyside.nhs.uk

|  |
| --- |
|  |
| **INVOICE – NHS Cheshire and Merseyside ICB Halton Place - ODAP Service**  |
|   |
| **Supplier Details**        | Invoice Number  |   |
| Invoice Date  | \_\_/\_\_/\_\_\_\_.  |
|   |
| **Invoice to Organisation Details**  **XXQYGPHALTON** **NHS Cheshire and Merseyside ICB QYG PAYABLES M845** **PO BOX 312** **LEEDS** **LS11 1HP.**  | **Delivery Address**    |
|   |
| **Account Number** **(PPA service provider contractor code)**  | **Cost Centre & Subjective**  | **Terms**  |
|   | **946173 521610003 96503**  |   |
|   |
| **Quantity**  | **Description**  | **Unit Price**  | **Amount**  |
|   |   | **£**  | **£**  |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   | **VAT**  | **£**  |
| **TOTAL DUE**  | **£**  |
|   |
| Bank Name  |   | For office use only  |
| Sort Code  |   |
| Account Number  |   |
|   |
| Invoice Payable to:  |   |
|   |
| Remittance email address:  |   |
|   |
| Supplier Comments or Instructions: (XXXXXXXXXXXX)         |
|   |
|  **Before submitting your Invoice, please check it complies with the following:**  ● Clearly quotes the full and correct Payables Address of the NHS Organisation receiving the goods / services. Go to www.sbs.nhs.uk for further details and Trust information. ● Clearly States if it is an Invoice or Credit Note ● Provides clear details of the organisation submitting the invoice and includes the remittance address. ● Provides clear details of all Goods / Services billed  ● Quotes the NHS Purchase Order (PO) Number where applicable or the Trust Contact Name ● Is Legible  ● Has a Valid Invoice Date (Tax Point) and Invoice Number  ● Clearly states the Payee  ● Has the correct VAT Calculations (Handwritten Invoices in Particular)  ● Invoice Adds Up Correctly (Handwritten Invoices in Particular)  ● Includes the relevant supporting information, for example timesheets.   **No personally identifiable data should be included on an invoice.** **This includes any Patient names, NHS numbers and addresses**   |
|   |
| **Return to: Halton Medicines Management Team, NHS Cheshire and Merseyside, Halton Place, No. 1 Lakeside | Centre Park | Warrington | WA1 1QY Email:** halton.talk2us@cheshireandmerseyside.nhs.uk  |
|   |